

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

### **I. DISPUTE**

1. a. Whether there should be reimbursement of \$625.00 for dates of service, 12/07/01 and 01/10/02.
- b. The request was received on 07/29/02.

### **II. EXHIBITS**

1. Requestor, Exhibit I:
  - a. Initial TWCC 60
    1. Letter to the Compliance & Practice Division of TWCC, dated 07/19/02
    2. EOB
    3. HCFA-1500
  - b. Additional documentation requested on 08/19/02 and received on 09/09/02
    1. Position statement
    2. Letter to the Compliance & Practice Division of TWCC, dated 07/19/02
    3. Medical Records
  - c. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.

2. Respondent, Exhibit II:

Based on Commission Rule 133.307 (g) (4), the Division notified the insurance carrier Austin Representative of their copy of the request on 09/11/02. The Respondent did not submit a response to the request. The "No Response Submitted" sheet is reflected in Exhibit II of the Commission's case file.

3. Notice of Additional Information Submitted by Requestor is reflected as Exhibit III of the Commission's case file.

### **III. PARTIES' POSITIONS**

1. Requestor: Letter dated 08/30/02

"DOS where NO EOB WAS RECEIVED- Carrier was initially billed and didn't respond. Provider then sent a request for reconsideration on June 19, 2002. Proof that carrier received the request is also included. Carrier chose not to respond within 28 day time frame rule. TWCC Rule 133.307 (j) (2) says only the reason brought up by the carrier can be heard at MDR. SOAH decisions say if the carrier doesn't care to respond then

they lose their opportunity to put in a reason. If no reason is put in by carrier as to the denial the commission puts it as a “F”. All Fee guidelines have been followed.”

2. Respondent: No response submitted

#### IV. FINDINGS

- Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are 12/07/01 and 01/10/02.
- This decision is being written based on the documentation that was in the file at the time it was assigned to this Medical Dispute Resolution Officer.
- Per the Requestor’s Table of Disputed Services, the Requestor billed the Carrier \$625.00 for services rendered on the above dates in dispute.
- Per the Requestor’s Table of Disputed Services, the Carrier paid the Requestor \$0.00 for services rendered on the above dates in dispute.
- Per the Requestor’s Table of Disputed Services, the remaining amount in dispute is \$625.00 for services rendered on the above dates in dispute.
- The Requestor has billed for Work Hardening excluding modifier “AP”, indicating they are not CARF accredited. As such, they are eligible for \$51.20 per hour (80% of the \$64.00 per hour-MAR value) for the Work Hardening program.
- The Requestor has submitted EOBs from the Carrier showing payment for what appears to be the same services **after** the above dates in dispute. For date of service, 12/07/01, the Carrier’s EOB show a recommended allowance for the CPT Codes in dispute. No EOB was submitted for date of service, 01/10/02. Therefore, these CPT Codes will be reviewed as “F” denials.
- The Carrier did not respond to the Provider’s request for medical dispute resolution.
- The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
12/07/01	99213 MP	\$48.00	\$0.00	Payment recommended for all codes by Carrier.	\$48.00	TWCC Rule 133.304 (c); TWCC 133.307 (e) (2); MFG MGR; CPT Descriptor	TWCC Rule 133.304 states “The explanation of benefits shall include the correct payment exception codes required by the Commission’s instructions, and shall provide sufficient explanation to allow the sender to understand the reason(s) for the insurance carrier’s action(s).” Carrier did not respond to the initial request for medical dispute resolution or the TWCC letter requesting additional information. Therefore, the Carrier has not supported their denial in accordance with TWCC Rule 133.304 ( c ). Reimbursement of <b>\$169.00</b> is recommended.
12/07/01	97265	\$43.00	\$0.00		\$43.00		
12/07/01	97250	\$43.00	\$0.00		\$43.00		
12/07/01	97122	\$35.00	\$0.00		\$35.00		

MDR: M4-02-4791-01

01/10/02	97545 WH	\$102.40	\$0.00	No EOB	\$51.20/hr	TWCC	EOBs submitted showing a later date of service, <b>01/23/02</b> indicate the Carrier recommended payment of the same services. Therefore, because the Carrier did not respond to the initial request for medical dispute resolution or the TWCC letter requesting additional information, it is unclear why payment was recommended on the later date and not this date of service. The Requestor has submitted documentation to support services rendered. Reimbursement of <b>\$456.00</b> is recommended.
01/10/02	97546 WH	\$153.60	\$0.00		\$51.20/hr	133.307 (e)	
01/10/02	97750 FC	\$200.00	\$0.00		\$100.00/hr	(2); MFG MGR; CPT Descriptor	
<b>Totals</b>		\$625.00	\$0.00				The Requestor <b>is</b> entitled to reimbursement in the amount of <b>\$625.00</b> .

## V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit **\$625.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 30<sup>th</sup> day of December 2002.

Denise Terry  
Medical Dispute Resolution Officer  
Medical Review Division  
DT/dt